

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37064
Registrar's No. 264

Registration District No. 1347

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 28 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME VIOLA HARRISON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John B. Harrison 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July 14 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 4 hr. min.

9. Birthplace Randolph County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name unknown
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellawee Hall

(b) Address 1226 Valley St., Carthage, Mo

17. (a) burial (b) Date thereof Nov 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a), Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 11/22/48 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 622 E. Fifth St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 18
year 1948 hour 7 minute 45 p.m.

21. I hereby certify that I attended the deceased from 1940
1940, to 18 years, 1948.
that I last saw him ex alive on 18 years, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury
23. Signature L. B. Clinton (M. D. or other)
Address Carthage, Mo Date signed 11-22-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.